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# your family benefits handbook



Ontario

Ontario Ministry of Community and Social Services  
Honourable Rene Brünelle, *Minister*.  
T. M. Eberlee, *Deputy Minister*.  
March 1973



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# 1 What are Family Benefits?

Family Benefits consist of money to live on and other services such as health insurance.

You can get Family Benefits if you will be in financial need (for a prolonged period of time) because you are elderly, disabled, a mother raising children alone, or a foster parent.

The laws of Ontario provide for regular allowances to those who are in financial need.

This Handbook is written to help applicants for and recipients of Family Benefits to know their benefits.

If there is anything in this Handbook that you don't understand, you should ask your

field worker, or call up the nearest office of the Ontario Ministry of Community and Social Services (listed at the back).

We have tried to give as much information as possible in this Handbook. However, no handbook could fully explain the program, and it must be remembered that the final authority is the Family Benefits legislation.

If you need financial assistance but are not in one of the groups that are eligible for Family Benefits (Chapter 2), or if you need financial help immediately, you may be able to get General Welfare Assistance from your municipality (Chapter 11).



# 2 Are you eligible for Family Benefits?

You may be eligible to get Family Benefits if you don't have enough money to live on, because you are a mother raising children alone, a foster parent, a blind or disabled person, or an elderly person.

In many cases you can have a job and still get Family Benefits, if you don't have enough money to live on *because of one of the above reasons*.

A single person gets Family Benefits in his or her own right. For a family, the "head" of the family is the person who must be eligible as described below, to get Family Benefits for himself and his dependents.

Here, in more detail, is who is eligible for Family Benefits *if he or she is in financial need*:

## 1. if you are a mother raising children alone

You can get Family Benefits if you are a mother with dependent children, and there is no "breadwinner" in your family because:

- a) you are a widow, or
- b) you are an unwed mother, and your child is at least three months old, or
- c) you are divorced, or
- d) you have been deserted by your husband for at least three months, or
- e) your husband is serving a prison term with at least six months left to go, or

f) your husband is confined to an institution such as a mental or chronic hospital, a nursing home, or a home for the aged. You are not eligible for Family Benefits if you are "separated" from your husband; you must be deserted or divorced.

## 2. if you are a foster parent

You are a foster parent if you are looking after a child who is not your own child, because the child's legal parents are deceased or unable to provide for him. You can get Family Benefits for the child if he or she is not under the care of a Children's Aid Society.

Whether or not you qualify financially for Family Benefits depends on the needs and resources of the child, not of yourself as the foster parent.

## 3. if you are blind or disabled

If you are 18 or older, and you are blind or disabled, then you can get Family Benefits.

You are disabled if you have a major physical or mental handicap that severely limits you in carrying out your normal living activities.

Your handicap must be permanent. If you have a temporary disability that pre-

vents you from earning your living, you may be able to get General Welfare Assistance (Chapter 11).

A blind person is someone who is nearly or totally blind, as defined in the Family Benefits legislation. Generally, anyone who is registered with the Canadian National Institute for the Blind can get Family Benefits.

You will be given a medical form for your doctor to fill out, describing your condition. The final decision on whether or not you are a disabled or blind person for the purposes of Family Benefits rests with the Medical Advisory Board. This is a committee, appointed by the Ontario Minister of Community and Social Services, whose chairman is a qualified medical practitioner.

#### **4. if you are medically unemployable**

You are medically unemployable if this is verified by your doctor and the Medical Advisory Board.

If you are a married man and you think you are medically unemployable, you should apply for Family Benefits even if your wife is working, since you may still be in financial need.

#### **5. if you are elderly**

You can get Family Benefits if you are 65 or older and you are not eligible to get Old Age Security. This could be because you are an immigrant and have not yet lived in Canada for ten years.

If you are a woman between 60 and 65 years of age, and your husband is receiving Old Age Security, then you can get Family Benefits until you yourself become eligible for Old Age Security at age 65.

You can also get Family Benefits if you are a woman 60 years of age but not yet 65 (and eligible for Old Age Security), and:

- a) you have never been married, or
- b) you are a widow, or
- c) you are divorced, or

- d) you have been deserted by your husband for more than three months and his whereabouts is unknown, or
- e) you have been living apart from your husband for more than five years, or
- f) your husband is serving a prison term with at least six months left to serve, or
- g) your husband has been confined to an institution such as a mental or chronic hospital, a nursing home or a home for the aged for at least six months.

We recognize that some people, who have rare circumstances that don't fit into the above five situations, may wish to apply for Family Benefits.

#### **How long do you have to live in Ontario?**

There is no minimum time that you have to be living in Ontario before you can get Family Benefits.

Whether you are a citizen of Canada or not also makes no difference.

If you are a sponsored immigrant, you will be considered eligible only if your sponsor is no longer able to support you.

#### **A single person or the head of a family must apply**

Family Benefits is given either to individuals (single persons) or to families.

For a family, the needs of the whole family are taken into account. But the head of the family is the person who must be eligible for Family Benefits, and who must apply. (The exception is a wife who is between 60 and 65).

For example, if a father is permanently disabled, he and his family can get Family Benefits. But if the wife or child is permanently disabled, this does not make the family eligible for Family Benefits.

The head of a family is usually the husband or father. If he is not living with the family, then the head is the mother.

The family consists of the head and his or



her dependents. Dependents are people who “depend” on the head for support, and are usually a wife and children.

Married couples and couples who are living as if they were married, with or without children, are considered as families for the purposes of Family Benefits.

A dependent child is one who regularly attends school (other than university) and is under age 21. If he cannot attend school because of a physical or mental impairment he will be considered a dependent child up to age 18. At that age he or she can apply for his own Family Benefits allowance as a disabled single person.

If you have a friend or relative living in your home, he or she may not be considered part of your family, but a lodger or a boarder. If the friend or relative needs financial assistance, he can apply on his own.

If the husband is not providing financial support but is able to do so, it is expected that the wife will take action to obtain support from him. This is usually done by laying a charge under The Deserted Wives and Children’s Maintenance Act. However, if the husband is not able to provide financial support, because of his mental or economic condition, the wife will not be expected to lay a charge.

If the husband’s whereabouts is unknown, the Ontario Ministry of Community and Social Services will help the wife locate him, in order to obtain financial support.

If the wife does not wish to declare desertion, she should apply for temporary assistance from her municipality if she is in financial need (Chapter 11).

#### **If you are an unwed mother**

If you are an unwed mother, it is expected that you will make reasonable efforts to obtain financial support from the father of the child if this is possible. Your local Children’s Aid Society can help you to do this, and can offer other useful services, such as supportive counselling and child-care training.

#### **When is a wife considered “deserted”?**

A wife is considered deserted if she is not living with her husband and her husband is not providing sufficiently towards the family’s support.

The two things that determine if you will get Family Benefits are whether you are *eligible* and whether you are in *financial need*.

In Chapter 2 we have described who is eligible. Now we will describe who is in financial need.

You are in financial need if your assets do not exceed a certain amount, and if you do not have enough income to pay your expenses. The next three chapters explain these three things: assets, expenses, and income.

# 3 How much can you have in assets?

At the time you apply for Family Benefits, you may be considered eligible as long as you have no more than \$1,000 in liquid assets for yourself, plus up to \$200 for each of your dependents. If a husband or wife is 60 years of age or older, the couple can have up to \$1,500 in liquid assets.

After you start receiving Family Benefits, these amounts can be exceeded by up to 10%. For instance, a single person can then have up to \$1,100 in liquid assets, and still get Family Benefits.

Liquid assets are cash, money in the bank, and things that can be readily turned into cash, such as redeemable stocks and bonds.

Your belongings that you use from day to day, including furniture, clothing, and personal belongings such as jewelry, do not count as liquid assets.

A car that is necessary to get to the doctor, go to church, or do the shopping, is not considered a liquid asset. But where public transportation is available and a car is not a necessity, it probably would be considered a liquid asset, depending on its marketability. Your case will be considered individually, but remember that the expense of operating and maintaining your car is not considered a necessary expense under Family Benefits (Chapter 4).

Generally, mortgage receivable or the amount remaining to be paid under an agreement for sale is not considered a liquid asset, but any payments received from it are usually considered as income (Chapter 5). The cash surrender value of a life insurance policy still in force is not considered a liquid asset.

The house in which you and your family live is not considered at all for the purposes of Family Benefits. However any other property must be considered, as to its value and marketability.

If the combined value of all your liquid assets is over the allowable amount when you apply for Family Benefits, you will be told that you do not qualify financially.

You may reduce the amount of your assets in any reasonable manner, such as buying a house to live in, paying off personal debts, or reducing your mortgage.

However, the Director of Family Benefits is required to check your expenditures for the past three years, and you may have to account for them and satisfy the Director that the disposition was appropriate.

If you are considering reducing your assets, you may wish to discuss your plans with a field worker. He or she can tell you whether the expenditure you are planning is a "reasonable" one for the purposes of Family Benefits, and can often offer valu-

able advice on related matters.

If there is a delay in getting your first Family Benefits cheque, you may have to live on your liquid assets. However, if the

delay is due to circumstances beyond your control, then you may be paid arrears in Family Benefits for up to three months.



# 4 How are your expenses figured?

Some of your expenses are figured to be the amount of money you actually pay, while some are determined by the Family Benefits legislation, up to certain maximum (highest) amounts.

Family Benefits considers the following expenses:

1. ordinary needs expense
2. shelter expense
3. fuel expense
4. special expenses.

## 1. Ordinary needs expense

The amount allowed for ordinary needs such as food, clothing, household supplies, personal needs, and utilities, is fixed in a table of rates in the Family Benefits legislation (see Table 1).

*The amount for one adult person is \$78.00 a month for these expenses. The amount for two adults is \$125.00 a month.*

After this, the amount for these expenses depends on the size of your family and the ages of your dependents.

For example, a couple (two adult persons) with two children, a two-year-old (in the 0-9 years column in the Table) and an 11-year-old (in the 10-15 years column) will need \$191.00 a month for these living expenses. This is marked in the Table.\*

## 2. Shelter expense

Shelter expenses include rent, mortgage payments, taxes, fire insurance and reasonable costs of maintenance and repairs.

The amount of your shelter expense is the amount that you actually pay each month for shelter, up to the following maximums (highest amounts):

- a) \$57 a month for a single person without dependents;
- b) \$100 a month for a person living with a dependent in "unheated" premises, (heat is not included in the rent), and if there is more than one dependent in the family the maximum is raised by \$5 for each additional dependent.
- c) \$110 a month for a person living with a dependent in heated premises, and if there is more than one dependent in the family the maximum is raised by \$5 for each additional dependent. This usually applies to persons renting.

Sometimes the monthly shelter costs are very low, such as where you own your home and you have no mortgage payments to meet. But in all cases, you will be allowed a minimum amount for shelter, according to the Family Benefits legislation—\$13 a month for a single person, and \$18 a month for couples or families.

TABLE 1

*Ordinary needs expense*

| No. of Children | 0-9 years | 10-15 years | 16 years and over | One Adult Person | Two Adult Persons |
|-----------------|-----------|-------------|-------------------|------------------|-------------------|
| 0               | 0         | 0           | 0                 | \$ 78.00         | \$125.00          |
| 1               | 1         | 0           | 0                 | 118.00           | 155.00            |
|                 | 0         | 1           | 0                 | 127.00           | 164.00            |
|                 | 0         | 0           | 1                 | 138.00           | 173.00            |
| 2               | 2         | 0           | 0                 | 140.00           | 182.00            |
|                 | 1*        | 1*          | 0*                | 150.00           | 191.00*           |
|                 | 0         | 2           | 0                 | 159.00           | 200.00            |
|                 | 1         | 0           | 1                 | 159.00           | 200.00            |
|                 | 0         | 1           | 1                 | 163.00           | 205.00            |
|                 | 0         | 0           | 2                 | 175.00           | 216.00            |
| 3               | 3         | 0           | 0                 | 168.00           | 209.00            |
|                 | 2         | 1           | 0                 | 177.00           | 218.00            |
|                 | 1         | 2           | 0                 | 186.00           | 227.00            |
|                 | 0         | 3           | 0                 | 195.00           | 236.00            |
|                 | 2         | 0           | 1                 | 186.00           | 227.00            |
|                 | 1         | 1           | 1                 | 195.00           | 236.00            |
|                 | 0         | 2           | 1                 | 205.00           | 245.00            |
|                 | 1         | 0           | 2                 | 202.00           | 243.00            |
|                 | 0         | 1           | 2                 | 211.00           | 252.00            |
|                 | 0         | 0           | 3                 | 218.00           | 259.00            |
| 4               | 4         | 0           | 0                 | 199.00           | 240.00            |
|                 | 3         | 1           | 0                 | 208.00           | 249.00            |
|                 | 2         | 2           | 0                 | 217.00           | 258.00            |
|                 | 1         | 3           | 0                 | 226.00           | 267.00            |
|                 | 0         | 4           | 0                 | 235.00           | 276.00            |
|                 | 3         | 0           | 1                 | 217.00           | 258.00            |
|                 | 2         | 1           | 1                 | 226.00           | 267.00            |
|                 | 1         | 2           | 1                 | 235.00           | 276.00            |
|                 | 0         | 3           | 1                 | 244.00           | 285.00            |
|                 | 2         | 0           | 2                 | 233.00           | 273.00            |
|                 | 1         | 1           | 2                 | 242.00           | 283.00            |
|                 | 0         | 2           | 2                 | 251.00           | 292.00            |
|                 | 1         | 0           | 3                 | 249.00           | 289.00            |
|                 | 0         | 1           | 3                 | 258.00           | 298.00            |
|                 | 0         | 0           | 4                 | 264.00           | 305.00            |

TABLE 1

*Ordinary needs expense*

| No. of Children | 0-9 years | 10-15 years | 16 years and over | One Adult Person | Two Adult Persons |
|-----------------|-----------|-------------|-------------------|------------------|-------------------|
| 5               | 5         | 0           | 0                 | 229.00           | 269.00            |
|                 | 4         | 1           | 0                 | 238.00           | 278.00            |
|                 | 3         | 2           | 0                 | 247.00           | 287.00            |
|                 | 2         | 3           | 0                 | 257.00           | 296.00            |
|                 | 1         | 4           | 0                 | 266.00           | 305.00            |
|                 | 0         | 5           | 0                 | 275.00           | 314.00            |
|                 | 4         | 0           | 1                 | 247.00           | 287.00            |
|                 | 3         | 1           | 1                 | 257.00           | 296.00            |
|                 | 2         | 2           | 1                 | 266.00           | 305.00            |
|                 | 1         | 3           | 1                 | 275.00           | 314.00            |
|                 | 0         | 4           | 1                 | 284.00           | 323.00            |
|                 | 3         | 0           | 2                 | 263.00           | 303.00            |
|                 | 2         | 1           | 2                 | 272.00           | 312.00            |
|                 | 1         | 2           | 2                 | 281.00           | 321.00            |
|                 | 0         | 3           | 2                 | 290.00           | 330.00            |
|                 | 2         | 0           | 3                 | 279.00           | 319.00            |
|                 | 1         | 1           | 3                 | 288.00           | 328.00            |
|                 | 0         | 2           | 3                 | 297.00           | 337.00            |
|                 | 1         | 0           | 4                 | 295.00           | 334.00            |
|                 | 0         | 1           | 4                 | 304.00           | 344.00            |
|                 | 0         | 0           | 5                 | 311.00           | 350.00            |
| 6               | 6         | 0           | 0                 | 259.00           | 298.00            |
|                 | 5         | 1           | 0                 | 268.00           | 307.00            |
|                 | 4         | 2           | 0                 | 277.00           | 316.00            |
|                 | 3         | 3           | 0                 | 286.00           | 325.00            |
|                 | 2         | 4           | 0                 | 295.00           | 334.00            |
|                 | 1         | 5           | 0                 | 304.00           | 344.00            |
|                 | 0         | 6           | 0                 | 313.00           | 353.00            |
|                 | 5         | 0           | 1                 | 277.00           | 316.00            |
|                 | 4         | 1           | 1                 | 286.00           | 325.00            |
|                 | 3         | 2           | 1                 | 295.00           | 334.00            |
|                 | 2         | 3           | 1                 | 304.00           | 344.00            |
|                 | 1         | 4           | 1                 | 313.00           | 353.00            |
|                 | 0         | 5           | 1                 | 322.00           | 362.00            |
|                 | 4         | 0           | 2                 | 293.00           | 332.00            |
|                 | 3         | 1           | 2                 | 302.00           | 341.00            |



TABLE 1

*Ordinary needs expense*

| No. of Children | 0-9 years | 10-15 years | 16 years and over | One Adult Person | Two Adult Persons |
|-----------------|-----------|-------------|-------------------|------------------|-------------------|
| 6               | 2         | 2           | 2                 | 311.00           | 350.00            |
|                 | 1         | 3           | 2                 | 320.00           | 359.00            |
|                 | 0         | 4           | 2                 | 329.00           | 368.00            |
|                 | 3         | 0           | 3                 | 308.00           | 348.00            |
|                 | 2         | 1           | 3                 | 318.00           | 357.00            |
|                 | 1         | 2           | 3                 | 327.00           | 366.00            |
|                 | 0         | 3           | 3                 | 336.00           | 375.00            |
|                 | 2         | 0           | 4                 | 324.00           | 364.00            |
|                 | 1         | 1           | 4                 | 333.00           | 373.00            |
|                 | 0         | 2           | 4                 | 342.00           | 382.00            |
|                 | 1         | 0           | 5                 | 340.00           | 380.00            |
|                 | 0         | 1           | 5                 | 349.00           | 389.00            |
|                 | 0         | 0           | 6                 | 356.00           | 396.00            |

For each child in the family in excess of 6, add to the appropriate amount set out in the table for a family of 6 children, as follows:

- |     |                   |      |
|-----|-------------------|------|
| (a) | 0-9 years         | \$29 |
| (b) | 10-15 years       | \$38 |
| (c) | 16 years and over | \$45 |

### 3. Fuel expense

You have a fuel expense, for the purposes of Family Benefits, if you have to pay for heating your house or apartment in addition to paying rent or other shelter costs.

The following table (Table 2) lists the yearly amount that is allowed for fuel ex-

penses. This amount depends on whether you live in northern or southern Ontario, and on the type and size of your house or apartment. *Even if you pay less than this for fuel, this amount is considered your fuel expense.*

To find out how much you would get,

**TABLE 2 — ANNUAL FUEL EXPENSE**

| Column A              | Column B            | Column C   | Column D            | Column E  |
|-----------------------|---------------------|--|---------------------|---|
| Number<br>of<br>rooms | Detached<br>Houses  | Other types<br>of houses,<br>apartments,<br>flats and<br>rooms | Detached<br>Houses  | Other types<br>of houses,<br>apartments<br>flats and<br>rooms |
|                       | Southern<br>Ontario | Southern<br>Ontario  | Northern<br>Ontario | Northern<br>Ontario   |
| 1                     | \$ 61.00            | \$ 51.00   | \$ 87.00            | \$ 72.00  |
| 2                     | 82.00               | 61.00  | 116.00              | 87.00   |
| 3                     | 112.00              | 82.00  | 159.00              | 116.00  |
| 4                     | 143.00              | 112.00   | 202.00              | 159.00  |
| 5                     | 173.00              | 143.00   | 245.00              | 202.00  |
| 6 or more             | 203.00              | 173.00   | 288.00              | 245.00  |

find your number of rooms in Column A and read across to the right to the appropriate amount in Column B or C (if you live in southern Ontario) or in Column D or E (if you live in northern Ontario). Northern Ontario is made up of the Districts of Algoma, Cochrane, Kenora, Manitoulin, Muskoka, Nipissing, Parry Sound, Rainy River, Sudbury, Thunder Bay and Timiskaming. Southern Ontario is made up of all the counties.

A room is any room in your house, but not hallways, closets or bathrooms.

When you are receiving a Family Benefits allowance, a fuel expense can be included in your expenses every month, if this is most convenient to you; but usually the appropriate amount in the Table above is divided by nine, and added to your other expenses for the months from September to May inclusive.

If your fuel costs are higher than the amount allowed in the Table, the Director may raise the amount of your fuel expense up to the actual annual cost of your fuel, as long as your allowance is not at the maximum amount allowed under the Family Benefits legislation. (Chapter 6). You are asked to keep your receipts for oil, gas or coal, since at the end of the winter season an adjustment may be paid to you if the annual cost of your fuel is more than the amount that your fuel expense was figured to be.

#### **4. Special Expenses**

Family Benefits includes the special expenses listed below in your total expenses as long as your allowance is not at the maximum allowed (Chapter 6).

#### **Travel**

If you or your spouse is a disabled person,

you will be allowed \$30 a month extra for travel expenses.

If you are blind or disabled and you live in a charitable home for the aged, a halfway house, or a home for the blind and disabled (listed in The Charitable Institutions Act), then you may also be allowed this additional amount for travel.

### **Life Insurance Premiums**

This is only if you have dependent children. If, at the time you apply for Family Benefits, you are paying premiums on an insurance policy on your life and/or the life of your spouse, in which your estate or one of your dependents is named as beneficiary of the policy, then Family Benefits will include your premium in your expenses, up to the amount of \$10 a month.

### **Special Diets**

If you or someone in your family needs a special diet because of pregnancy, or a gastric condition such as an ulcer, then your expenses can be increased by an amount up to \$5.50 a month, depending on what special food is needed.

If you or someone in your family needs a diabetic diet, your expenses can be increased by an amount up to \$12.00 a month. Your doctor must fill out a form, saying what your special diet should be, and why you need it.

If your doctor recommends in writing any other special diet, such as a low-salt or high-protein diet, the Director of Family Benefits may increase your expenses to allow for the additional cost of this special diet.

Special diet expenses are not covered for persons who are boarding or who live in institutions.

### **Special age expense**

The needs of older people are often greater than those of other people, so for each

person who is 65 or older, an amount of \$30 a month is added to the expenses in recognition of this need. For example, if a man and his wife are both over 65 years of age, then their family's expenses include \$60 for special age expenses.

But remember that a person 65 or older who is eligible for Old Age Security, is not eligible for Family Benefits. However, the wife of this person may be eligible (Chapter 2). In such cases, an additional \$15.00 will be allowed as an expense.

### **Persons boarding, persons living in special residences, or foster children**

The expenses of persons who are boarding, living in special residences, or who are foster children are *not* figured by using the food and clothing, shelter, and fuel expenses. This is because these people do not have all these needs. For example, none of these people would have a fuel expense.

#### **If you are a boarder**

The following table of fixed rates is used to figure the expenses of boarders. Amounts for travel, life insurance premiums, or special age expenses may be added if you qualify.

#### **If you are living in a special residence**

If you are living in a home for the aged, a charitable institution, a licenced nursing home or a home for retarded persons, your allowance will be \$90.00 (or the daily rate of the residence, whichever is the smaller amount) plus a comfort allowance, for items you wish to purchase yourself.

If you are living in an institution for the chronically ill, and you qualify financially for Family Benefits, you will get a comfort allowance. You may also be able to get money for the costs of special items such as clothing, dental services, dentures, and prosthetic devices including eye-glasses.



TABLE 3

| Expenses of Persons Boarding  |  | Monthly Total |
|---|--|---------------|
| Adult Person . . . . .  |  | \$ 90.00      |
| Adult Person and Spouse . . . . .   |  | \$145.00 *    |
| Adult Person and dependent child age range 0-9 years . . . . .            |  | \$145.00 *    |
| Adult Person and dependent child age range<br>10-15 years . . . . .       |  | \$150.00 *    |
| Adult Person and dependent child age range<br>16 years and over . . . . . |  | \$155.00 *    |
| * Add: For each additional person   |  |               |
| age range 0-9 years . . . . .   |  | \$ 36.00      |
| 10-15 years . . . . .   |  | \$ 44.00      |
| 16 years and over . . . . .   |  | \$ 50.00      |

Residents of institutions other than those mentioned here are not eligible for Family Benefits

**If you are caring for a foster child**

The monthly expense for the foster parent of a foster child is figured to be \$50 for the first foster child, \$45 for the second foster

child, and \$35 for each additional foster child.

**How to figure your expenses**

Using the sample sheet in Chapter 6, figure your total expenses by adding up the amounts of money you are allowed for each of the items listed in this chapter.

# 5 What is your income?

There are many sources of money that make up your income: earnings, pensions, gifts, rent from lodgers, and so forth.

Your total income is your income and your wife's income added together. This is true whether you are legally married, or living as if you were married.

Your dependent children may work at part-time or summer jobs, and this usually will not count as income. Dependent children are those who are enrolled full-time in school during the school year, or are unable to attend school for medical reasons.

If your child is not going to school full-time, and is over 16, then he or she will no longer be considered your dependent, but instead will be considered a boarder.

However, if your child under 19 years of age leaves school, works, and lives at home, and earns less than \$80 gross a month, then he or she will not be considered a boarder.

But if your child, whether in school or not, earns more than \$80 gross a month, the amount earned over \$80 will be added to your income, up to a maximum of \$22 a month.

Friends or relatives other than your spouse that are living with you are usually considered as lodgers or boarders.

For the purposes of Family Benefits,

some of your income doesn't count as income at all, some counts in full, and some only counts in part.

## Income that doesn't count at all

- a) casual gifts of small value
- b) donations from religious, charitable or benevolent organizations
- c) interest and dividends earned on your liquid assets
- d) tax rebates paid to homeowners and tenants under The Residential Property Tax Reduction Act
- e) Family Allowances (the "baby bonus")
- f) Youth Allowances
- g) Special Assistance and Supplementary Aid allowances (see Chapter 11)
- h) payments made by a Children's Aid Society for the care of a foster child, or by another government agency for the care of a child
- i) if you are in a nursing home, payments by your friends or relatives for special services for you in the nursing home
- j) any Indian band treaty payment

## Income that counts in full

- a) Old Age Security payments, and Guaranteed Income Supplement payments

- b) Canada Pension Plan payments or Quebec Pension Plan payments
- c) Unemployment Insurance benefits
- d) Workmen's Compensation Board payments
- e) War Veteran's and War Widow's allowances
- f) Civilian War Pensions and allowances
- g) any regular payments from any annuity, pension plan, superannuation plan, or insurance plan
- h) payments under a separation agreement or an order made in a divorce
- i) payments under any agreement made between the mother and putative father of a child born out of wedlock (under The Child Welfare Act, or any other agreement)
- j) any payments made under an order under The Deserted Wives' and Children's Maintenance Act
- k) mortgage, loan, or agreement for sale payments
- l) all other money that is not specified on these pages.

### Income that only counts in part

*(to allow for the costs of obtaining the income)*

- a) money that you get from a person who rooms and boards in your home. Only 40 per cent of this money (gross) is counted as income. (If your son or daughter is over 16, employed, and living in your home, it must be assumed that he or she is giving you money for room and board.) This amount will be figured at 40 per cent of what you receive, with a minimum of \$22 a month
- b) money that you get from a person rooming in your home. The amount considered as income will be 60 per cent of the gross amount you get from a lodger or tenant, or \$10 monthly for each person, whichever is greater
- c) money you get from a person who rents a

self-contained place from you, such as a flat, light housekeeping room, or basement apartment. 60 per cent of this gross amount of money counts as income

- d) maintenance allowances paid under a training program. Deductions are allowed by the Director of Family Benefits for reasonable costs of attending the training course, such as transportation costs, fees, cost of books, and cost of lunches
- e) earnings from a job
- f) revenue from a business or farming operation.

### Earnings from a job

You can work full-time and still get Family Benefits, as long as you still qualify financially.

The only exception is if you are getting Family Benefits because you are a mother with dependent children. In this case, there is a limit on number of hours you can work, and still get Family Benefits. You may work up to 120 hours a month, averaged over a four-month period. The four-month period starts the month in which you exceed 120 hours. This flexibility allows for peak seasonal employment periods, such as Christmas, and also means you can try out a full-time job for a couple of months without losing your Family Benefits eligibility. (However your earnings will be considered on a monthly basis).

You may earn \$24 a month for yourself and \$12 a month for each dependent person in your family, without it counting as income. After this, three-quarters of the gross amount of the rest that you earn counts as income, and one quarter doesn't count as income.

For example, you have three children and you earn \$95 a month gross (that is, before deductions for taxes and Canada Pension, etc.). Out of this \$95, only \$26.25 is considered as income.



### Here is how to figure this out:

|   |         |
|---|---------|
| Gross earnings . . . . .  | \$95.00 |
| Subtract exemption for yourself and<br>3 dependents<br>(\$24+12+12+12) . . . . .      | - 60.00 |
| Balance . . . . .   | 35.00   |
| Subtract further exemption of one<br>fourth of balance<br>(\$35 ÷ 4 = 8.75) . . . . . | - 8.75  |
| Considered as income for the purpose of<br>Family Benefits . . . . .                  | \$26.25 |

If you are blind or disabled, the Director of Family Benefits may average your gross earnings over a period of up to six months.

The same exemptions apply to net business revenue. In addition, reasonable expenses are allowed for small business operations.

Farm income for the purpose of Family Benefits is figured to be 20 per cent of the first \$1,000 of annual income, 30 per cent for the second \$1,000, and 40 per cent of the remainder.

### How to figure your total income

Make a list of all the money that you receive each month. Using the lists in this chapter, figure out which money will not be counted at all as income, which money will be counted in full, and which will count only in part. Adjust your money figures accordingly, then add them up. (However, you should add up income from certain types of government allowances separately, as explained in Chapter 6).

Write in your total income on the sample sheet in Chapter 6.

# 6 What do you get from Family Benefits?

Now that you have figured out your total expenses, and your total income, you can figure out how much money you can get from Family Benefits, if you are eligible (Chapter 2).

If your income is less than your expenses, then you are in financial need, and you will get money from Family Benefits.

The amount of money that you will get (called an allowance) will be the difference between your income and your expenses:

$$\begin{array}{r} \text{(minus) —} \\ \text{total expenses} \\ \hline \text{total income} \\ \hline \text{Family Benefits allowance} \end{array}$$

## The top limit on your allowance

There is a maximum or highest amount in the money, or allowance, that you can receive from Family Benefits. *This maximum allowance is \$360 for a family of four or less, as long as their expenses are this much. For larger families, this maximum is increased by \$15 for each additional dependent.* A family of six, for example, can get up to \$390 (\$360 + 15 + 15) a month.

We said above that to find your allowance, you subtract your total income from your total expenses. For most of your income, this is true.

But certain types of government allowances must be held back, until you have found your allowance figure and if it is high, reduced it to the maximum allowance for your size family as indicated above. Then you subtract these special government allowances from this maximum allowance figure, to find the allowance that you can get.

These special types of income are:

- a) any pension under The Pension Act
- b) Unemployment Insurance benefits
- c) War Veteran's and War Widow's Allowances
- d) Civilian War Pensions and Allowances Act payments
- e) Workmen's Compensation Board payments
- f) Canada Pension Plan payments
- g) Quebec Pension Plan payments

This shown in the example at the end of this chapter, using Canada Pension Plan as the special government allowance.

## Home repairs

Although your Family Benefits allowance may be at the maximum amount allowed, you *may* still be given an amount for necessary repairs, alterations or additions to your house. You must own your house and be living in it, to get this extra amount for home repairs.

The amount could be for fixing the roofing, getting a new furnace or septic tank, partitioning bedrooms, and other necessary repairs. This special amount needs the approval of the Director of Family Benefits.

If you apply for this special amount for repairs, you must have at least two estimates of the cost of the repairs or alterations.

**Medical and Hospital Insurance**

Everyone who gets a Family Benefits allowance gets free medical and hospital insurance, that covers most costs of doctor and hospital care. You and your dependents will be covered from the first day of the first month in which your Family Benefits start.

If your allowance is stopped, Family Benefits may continue your medical and hospital insurance for an extra three months (or longer if you have been imprisoned or admitted to a hospital or other institution).

**Dental care**

Families with dependent children, who are receiving a Family Benefits allowance, also get free basic dental care from the dentist of their choice. This includes such dental care as examinations, fillings, X-rays and extractions. You will receive certificates that entitle you to this free dental care. Dentures are not included, but you can apply to your municipality for this (Chapter 11).

Single adults and couples without children are not eligible for dental services from Family Benefits.

**Other services**

In addition to the Family Benefits allowance, there are other services in which you might be interested, that are provided by the Ontario Ministry of Community and Social Services. These are family counselling, credit counselling, nutritional counselling, and vocational training for the mentally or physi-

cally disabled. To find out more about these services, ask your field worker or contact our nearest Regional Office, listed at the back of this Handbook.

Your municipality may also have services, such as day care for your children or nursing and homemaker's services in your home, that can be free or inexpensive if you cannot afford the full cost. You should contact your nearest municipal welfare office to find out more about these services. Your municipality also provides assistance to people in financial need (see Chapter 11).

**EXAMPLE**

Here is an example of how to figure out your allowance from Family Benefits. Remember that allowances vary according to the expenses and income of each person or family.

You are a widow with three children, ages 8, 12, and 16 years. You own a 5-room house in North Bay (northern Ontario) which costs you \$90 a month for mortgage payments including taxes. You earn \$102 a month at a part-time job, and you also receive \$90 a month from Canada Pension Plan Widow's and Orphan's Benefits.

These are the monthly expenses for you and your family, that you figure out by reading Chapter 4:

|  |          |
|--|----------|
| Ordinary needs (for food, clothing, utilities, household supplies and personal requirements, for a person with three dependents of those ages) . . . | \$195.00 |
| Shelter (the amount you pay up to a maximum) . . . . .   | \$ 90.00 |
| Fuel (the amount for the type of house you have, which is \$245, divided by nine and applied to the months September to May inclusive) . . . . .     | \$ 27.22 |
| Special items . . . . .  | \$ .00   |
| Your total monthly expenses  | \$312.22 |

(In the months of June, July and August, where there are no fuel payments, your expenses would be \$285.00 per month).

Next, you figure out your monthly income, following the directions given in Chapter 5:

|   |           |
|---|-----------|
| Special government allowance<br>(Canada Pension)                    | \$ 90.00  |
| <i>Earnings:</i>  |           |
| Total gross earnings this month                                     | \$ 102.00 |
| Subtract exemption for yourself and<br>3 dependents (\$24+12+12+12) | - 60.00   |
| Balance   | 42.00     |
| Subtract further exemption of one-<br>fourth of balance             | - 10.50   |
| Considered as income from earnings                                  | \$ 31.50  |

Finally, you figure out the amount of money you will get in your Family Benefits allowance, following the directions given in Chapter 6.

|   |               |
|---|---------------|
| Total monthly expenses  | \$312.22      |
| Subtract total monthly income, except<br>for special government allowance   | - 31.50       |
| Balance   | 280.72        |
| Reduce to maximum allowance<br>(\$360 in this case)                         | not necessary |
| Subtract special government<br>allowance                                    | - 90.00       |
| Monthly Family Benefits allowance for<br>this family                        | \$190.72      |
| Now figure out your own Family Benefits allowance, using this sample sheet. |               |

SAMPLE SHEET

What your expenses are each month  
(Chapter 4)

|  |    |
|--|----|
| Ordinary needs<br>(see Table 1, Chapter 4)   | \$ |
| Add shelter expense  | \$ |
| Add any special expenses for which<br>you qualify (travel expenses, life<br>insurance premiums, special diets,<br>special age expense) | \$ |
| Total monthly expenses for June,<br>July, and August   | \$ |
| Add fuel expense (see Table 2,<br>Chapter 4)<br>divided by nine for months<br>September to May inclusive                               | \$ |
| Total monthly expenses for<br>September to May   | \$ |

What your income is each month  
Chapter 5)

|  |    |
|--|----|
| Add up your income, listed in Chapter 5,<br>minus the deductions you are<br>allowed, but exclude special | \$ |
|  | \$ |

|  |    |
|--|----|
| government allowances  | \$ |
|  | \$ |
| Total income except special govern-<br>ment allowances (Chapter 6) | \$ |
| Special government allowances                                      | \$ |
|  | \$ |
| Total income from special<br>government allowances                 | \$ |

What your Family Benefits allowance will be  
(Chapter 6)

|   |    |
|---|----|
| (Remember that if your income is higher<br>than your expenses, you will not qualify for<br>an allowance). |    |
| Total monthly expenses  | \$ |
| Subtract total income, excluding<br>special government allowances   | \$ |
| Balance   | \$ |
| Reduce to maximum allowance<br>described in beginning of this<br>chapter                                  | \$ |
| Subtract total income received from<br>special government allowances                                      | \$ |
| Your monthly Family Benefits<br>allowance   | \$ |



# 7 When will your allowance change?

These are some of the changes in your situation that will affect your Family Benefits allowance. Any change in your allowance will ordinarily start the month following the month in which your situation changed.

## **Your allowance will be increased if:**

- a) the size of your family increases (birth of a child, someone coming to live with you who will be dependent upon you for support, etc.).
- b) one of your children has a birthday that puts him or her in a higher age group. The age groups are 0-9 years old, 10-15 years old, and 16 years and over (Chapter 4, Table 1).
- c) your expenses increase (you move and pay more rent, you or someone in your family needs a special diet, etc.) Remember that your expenses for some things can increase only up to the highest limit for your size family (Chapter 4).
- d) your income decreases (you or your spouse work shorter hours or not at all, your Workmen's Compensation Board payments stop, a boarder leaves, etc.).

## **Your allowance will be decreased if:**

- a) the size of your family decreases (some-

one moves away, someone dies, etc.).

- b) one of your children is no longer a dependent because he leaves school, or for some other reason.
- c) your expenses decrease (you move into a place for less rent, you no longer need a special diet, etc.).
- d) your income increases (you get a job or a raise, you or someone in your family gets a pension or a government allowance, etc.).

If your allowance is decreased and you don't think it should be, you should contact your field worker or regional office, or write the Director of Family Benefits, (Ministry of Community and Social Services, Toronto Ontario). Or you can appeal to the Board of Review (Chapter 10).

## **Your money will be stopped if:**

- a) your income increases, until it is the same as or more than the money you were getting while on Family Benefits. This means that your income will pay for your necessary expenses, without Family Benefits help.
- b) you move out of Ontario. In exceptional cases, your Family Benefits can be continued for one month until you become established in your new home.

- c) you become well again, if you were getting Family Benefits because you were sick, disabled, or blind.
- d) your children grow up and leave home, if you were getting Family Benefits because you were a mother raising your children alone.
- e) you work more than 120 hours a month (averaged over a four month period), if you are getting Family Benefits because you are a mother raising children alone.
- f) you become eligible for Old Age Security, except if you have dependent children.

Your allowance can also be stopped if you don't give your field worker the information necessary to determine whether you are still eligible for Family Benefits, and whether you still qualify financially.

If your allowance must be stopped for any reason, the Director can continue the allowance for a maximum of one month more.

You can appeal any decision to stop your allowance, to the Board of Review (Chapter 10).

## Overpayments

An overpayment happens when something in

your situation changes, so that you should be getting less money than before, but your next cheque is still in the same amount. This can happen if you forget to tell your field worker that one of your children has left school, your income has increased, your expenses have decreased, and so forth.

When the error is discovered, you will be required to pay the money back. This is usually done by subtracting money from your next few cheques, until all the money is paid back.\* This may be inconvenient for you, and so it is very important to tell your field worker as soon as possible if anything in your situation changes.

In some instances you may be required to repay the overpayment in full, in one payment. This usually happens if you have sufficient assets or if the overpayment was caused because you received back payments from sources such as Canada Pension, Unemployment Insurance or mortgage receivable.

*\* If there is an overpayment because you have ceased to be eligible for Family Benefits, because your liquid assets are more than is allowed under the Family Benefits legislation, then you will have to pay back an amount not exceeding the difference between the two sums of money.*

# 8 How do you apply?

If you are in financial need because of one of the reasons explained in Chapter 2, and you think you might be eligible for Family Benefits, you should phone, write or visit your nearest Regional Office of the Ontario Ministry of Community and Social Services. To find out which one is nearest to you, see the listing in the back of this Handbook.

It will take at least one month for your Family Benefits to start. So you should apply as early as possible. *If you need money immediately or will need help during the time you are waiting for your Family Benefits to start, go to your municipal social service or welfare office and apply for General Welfare Assistance (Chapter 11).*

If you are already getting General Welfare Assistance, and think you may be eligible for Family Benefits, you must apply to our Regional Office for Family Benefits on your own.

The first time you call or visit the Regional Office, you will be asked some short questions, such as your name, age, marital status, address and phone number, the number of people dependent on you for support, and a few general questions about your income and assets. If you go into the office you can bring a friend along with you. Or, if you are ill and can't apply in person,

you can phone or someone can apply on your behalf.

Next, a field worker will come to visit you in your home, usually within two weeks. Before he or she comes you should gather the following documents, if they are readily available, for yourself and the members of your family:

- a) proof of age, such as birth certificates
- b) proof of marital status, such as marriage licence or divorce papers
- c) proof of expenses, such as rent receipts
- d) proof of income and assets, such as your bank books for the past three years, and tax assessment papers on your property.

When the field worker arrives at your home, he or she will ask you to help fill out several forms. (The most important forms are shown in the back of this Handbook). These forms will give the basic information needed to determine whether or not you qualify for Family Benefits.

However, your field worker is not the person who decides whether you can get Family Benefits or how much you can get. This is decided by the Director of Family Benefits, following the rules set up in the Family Benefits legislation, which this Handbook explains.

But the Director of Family Benefits may ask your field worker at any time to verify

any statements you made in your application, to determine whether or not you are still eligible for Family Benefits, or to determine whether you still qualify financially. Sometimes your field worker will visit you in your home to do this. Other times you may be asked to fill out a form and return it by mail.

When all your information is complete, you will be sent a letter, telling you if you will get Family Benefits, and how much you will get.

If you are not given Family Benefits, and you think you should be, or if you think you have been given less than you qualify for, you can appeal this to the Board of Review (Chapter 10).

### **Other documents**

You must be sure that any documents such as the medical report by your doctor if you are applying as a disabled person or unemployed father, are completed and sent into

the office as soon as possible.

### **How you are paid**

You are paid by cheque at the end of each month. This means that there is an automatic four-week delay in starting your Family Benefits.

If you need money immediately, you should contact your local municipal social service or welfare office to apply for General Welfare Assistance (Chapter 11). Your Family Benefits field worker can help you with this.

### **Your field worker**

It is your field worker's job to assist you in applying and to answer any questions you might have.

If you have a problem, he or she can tell you about the various social services available in your community, and also can give you advice and moral support.



# 9 For your information

## Your Cheque

You will receive a cheque at the end of each month. *It cannot be seized or garnisheed for any claim against you or your estate (debts, time payments, etc.)*

You have the right to spend your cheque any way you wish. Your allowance will not be reduced or stopped because of the way you spend it. However, if it is obvious that you are unable to use the money to provide necessities such as food or rent for yourself or your dependents, the legislation says that a trustee can be appointed to administer your cheque for you in your best interest. This only happens in rare cases.

If your cheque is lost in the mail, stolen, or if you lose it some other way, you should call up your field worker or notify the Regional Office, and your police department, as soon as possible.

If your cheque is lost before you endorse it, you may be given another one, possibly on the same day. You will have to sign a form saying that you have lost your cheque.

If you lose your cheque after you endorse it, or the money after you cash your cheque, you can apply to your municipal social service or welfare office for emergency assistance (Chapter 11).

If you move, it is important that you tell

your field worker your new address and telephone number before you move so that your cheque will be sent to your new address. If it is sent to your old address by mistake, it cannot be forwarded. If this happens, you should call your field worker.

## Privacy

When you apply for Family Benefits, your field worker must visit you in your home, to find out information that will help the Director of Family Benefits decide if you are eligible and if you qualify financially. Your field worker may also visit you from time to time to verify information or to see how you are.

Your field worker will likely call you beforehand to make an appointment with you. But sometimes this is not possible, because field workers never know how much time they will need to spend with the other people they must see. If it is not possible for you to see your field worker on a particular day, other arrangements can be made.

Your field worker or anyone else who works for the Ministry of Community and Social Services will respect the confidential nature of your receiving Family Benefits.

If you have a job, your field worker will ask you if he or she may contact you

employer to verify your earnings. If you do not want your employer to know that you are getting Family Benefits discuss this with your field worker and see if you can find another way to verify your earnings, perhaps by saving your cheque stubs.

You yourself, of course, are free to reveal that you are receiving Family Benefits.

### **Ontario Ministry of Community and Social Services**

The role of the field workers of the Ministry of Community and Social Services is to assist you. This includes applying for Family Benefits but also includes assistance in related matters which may concern you, such as day nurseries, employment, special assistance, supplementary aid and family problems.

If you have a problem that you feel cannot be resolved by your field worker, or if you feel that your situation has not been properly dealt with, you can write to your Regional Administrator, the Director of

Family Benefits, the Deputy Minister or the Minister of Community and Social Services.

### **Your responsibility**

It is your responsibility to keep your field worker informed about any changes in your situation that might affect whether you are still eligible or still qualify financially for Family Benefits.

This would be a change in any of the information that you gave on the forms when you applied. Chapter 7 lists some changes in your situation that would affect your Family Benefits allowance.

The Family Benefits legislation states that if a person knowingly obtains Family Benefits money to which he or she is not entitled, or helps another person do so, then he or she is guilty of an offence, and is liable to a fine of up to \$500 or imprisonment for up to six months, or both.

There are also penalties under the Criminal Code for fraud.

# 10 How do you appeal?

If you are not satisfied with a decision about your Family Benefits, you should write the Director of Family Benefits, stating the reason for your dissatisfaction. You should do this within 10 days of the time you learned about the decision.

The Director will notify you of what he intends to do. If you are still dissatisfied, you may appeal any decision on your eligibility or the amount of money you get, by writing to the Board of Review, preferably within 30 days of the decision on your case. You do not have to pay any fee, to appeal a decision about Family Benefits.

The following decisions by the Director of Family Benefits can be appealed:

1. refusing for any reason to grant a Family Benefits allowance;
2. granting an allowance that is smaller than you think it should be;
3. cancelling, suspending or reducing your Family Benefits allowance.

## How to appeal to the Board of Review

1. Ask for a Form 6 from your field worker, Regional Office, or from the: Board of Review,  
Room MI-57,  
Macdonald Block,  
Parliament Buildings,  
Toronto 182, Ontario.

2. Fill out the Form 6 by giving your name, address, and file number if you are receiving Family Benefits (get this from your cheque stub, or by calling up your field worker or Regional Office). Then explain why you are asking for a hearing. You can have anyone you wish help you with this.

3. Mail your Form 6 to the Board of Review as soon as possible.

4. The Board of Review will set a time and place for the hearing.

A hearing may be held at any place in Ontario, which is most convenient to both you and the Board. Every attempt will be made to hold the hearing near to where you live so that your transportation costs will be low. This may be an office or your home.

Only a few people are allowed to attend. These are: you and anyone you wish to attend with you, the Board of Review, and the Director of Family Benefits or his representative. If you do not attend the hearing, it may be held anyway.

The Director may choose to make his submission to the Board of Review in writing. When he does this, you will receive a copy before the hearing.

Both you and the Director of Family Benefits can be represented by legal coun-

sel. You may also choose to be represented by other persons such as a friend, minister or law student.

You should bring any relevant documents to the hearing. This would be rent receipts if the decision was about your rent, divorce papers if the decision was about your marital status, and so forth.

If you don't speak English, you should bring your own interpreter to the hearing. However, if you speak French, explain this when you write to the Board of Review, and one of the bilingual members will attend the hearing.

During the hearing, a member of the Board will question you or the Director (or your representatives) about the circumstances surrounding your case. The hearing is held privately and is adjourned after all the facts have been made known.

5. The Board of Review must arrive at a decision and you will receive a copy. The decision of the Board will either affirm the Director's earlier decision, cancel the decision, or ask him to reconsider it.

When the Board of Review has given its decision, you may appeal, on a question that is not a question of fact alone, to the Supreme Court of Ontario. You should see a lawyer if you want to do this. You may find lawyer's fees costly, so you may contact your Regional Office about applying for Ontario legal aid.

#### **You may apply again**

Even if the decision of the Director, the Board of Review or the Court is against you, you may apply again for Family Benefits, if your situation has changed or if you have new evidence of your need.



# 11 How can you get extra money?

If you will need financial assistance immediately or temporarily, you should apply to your municipality for General Welfare Assistance (often called city or county welfare).

Municipalities have two types of financial assistance: General Assistance, that is a weekly or monthly allowance similar to Family Benefits; and extra money for special needs.

## General Assistance

To qualify for General Assistance, you must be a single person or the head of a family, be living in the municipality where you apply, and be in financial need because you are in one of the following general situations:

- a) out-of-work and looking for a job
- b) a mother raising children alone
- c) sick, disabled or blind
- d) elderly
- e) a foster parent

Your welfare administrator has broad discretion to meet any situation in which a person or family is facing financial hardship. This is particularly true if you are elderly, because there is no minimum age qualification in the General Welfare Assistance legislation. You also may be working

and still be able to get General Assistance.

General Assistance is a weekly or monthly allowance, that pays for the following basic living expenses:

- a) food, clothing, personal needs
- b) special diets
- c) household supplies
- d) shelter
- e) utilities
- f) fuel

It also pays for care in a nursing home, and care for a foster child.

The procedure of applying for General Assistance is basically the same as applying for Family Benefits, except that you go to your local municipal social service or welfare office.

## Extra money for special needs

There are two allowances for people who need money for special things. Special Assistance is for anyone in financial need who is eligible, while Supplementary Aid is for those people who already get a government cheque from Family Benefits, Old Age Security, or Ontario Vocational Rehabilitation Services.

*While a municipal welfare administrator must give a General Assistance allowance if*

*a person is eligible and qualifies financially, he is not required to give Special Assistance or Supplementary Aid.*

### **Special Assistance**

If you are in financial need because you are unemployed, disabled, elderly, a foster child, or a mother raising children alone, you *may* qualify for Special Assistance, even if you've never received any type of allowance or money from the government before. Special Assistance gives you money for:

- a) moving
- b) prescribed drugs
- c) surgical supplies
- d) dental services
- e) optical services
- f) artificial limbs, eyeglasses, hearing aids, etc.
- g) vocational training.
- h) transportation (to doctors or job interviews, etc.)
- i) funerals and burials
- j) spending money for people in nursing homes.

You should apply for Special Assistance before you actually need the money, if possible. Remember that if your welfare administrator chooses not to give you Special Assistance, you cannot appeal his decision.

### **Supplementary Aid**

This is for people who already get Family Benefits, Old Age Security or a training allowance from the Ontario Vocational Rehabilitation Services Branch.

Supplementary Aid gives money for:

- a) prescribed drugs
- b) optical services
- c) dental services

d) high rent costs (rent supplement)

e) any other extraordinary need.

The amount that you get depends on your need, up to \$20 per month for each person who actually receives the needed item or service.

You should apply for Supplementary Aid before you actually need the money, if possible. Remember that if your welfare administrator chooses not to give you Supplementary Aid, you cannot appeal his decision.

### **What is the connection between Family Benefits and General Welfare Assistance?**

If you need money right away when you apply for Family Benefits, you should go to your local municipal social service or welfare office and apply for General Assistance, to give you money to live on until your Family Benefits cheques start coming. General Assistance can also help out in emergency situations.

Anyone who is eligible for Family Benefits will be eligible, and will most likely qualify financially (except that municipalities usually allow less in liquid assets) for General Assistance. The amount of money you can get from each is about the same. But you cannot receive General Assistance and Family Benefits at the same time to meet the same needs.

The main difference between Family Benefits and General Welfare Assistance is that many people (particularly the unemployed but employable) who are not eligible for Family Benefits, are eligible for General Welfare Assistance.

A person who is getting Family Benefits can apply for Supplementary Aid and Special Assistance to the municipality, as described above.

# Offices of the Ministry of Community and Social Services

|  |                  |
|--|------------------|
| ALEXANDRIA—28 Main Street North, Box 520 . . . . .                             | 525-3524         |
| ARMSTRONG—Natural Resources District Building, Box 97 . . . . .                | Armstrong 20     |
| BANCROFT—Hastings Centennial Manor, Lot 2,<br>Concession "A", Box 99 . . . . . | 332-3410         |
| BARRIE—110 Dunlop Street, East, Box 218 . . . . .                              | 726-8250         |
| BELLEVILLE—Room 2, 14 Bridge Street, West, Box 816 . . . . .                   | 968-3506         |
| BRACEBRIDGE—Box 838, Court House . . . . .                                     | 645-2991         |
| BRAMPTON—Suite 506, 24 Queen Street East . . . . .                             | 459-7135         |
| BRANTFORD—100 Wellington Square, Box 601 . . . . .                             | 756-5790         |
| BROCKVILLE—51 King Street East . . . . .                                       | 345-1200         |
| CAMBRIDGE—63 Ainslie Street North . . . . .                                    | 623-1230         |
| CHATHAM—Weymar Building, 48 - Fifth Street, Box 685 . . . . .                  | 352-5040         |
| COCHRANE—171 Fourth Avenue, Box 1498 . . . . .                                 | 272-4846         |
| COLLINGWOOD—144 Hurontario Street, Box 155 . . . . .                           | 445-4461         |
| CORNWALL—132 Second Street East, Box 1358 . . . . .                            | 932-3381         |
| DRYDEN—32 King Street, Box 490 . . . . .                                       | 223-2241         |
| GERALDTON—Office No. 1, 1411 Main Street, Box 1029 . . . . .                   | 854-1840         |
| GUELPH—5 Douglas Street, Gummer Building . . . . .                             | 822-7500         |
| FORT FRANCES—240 Scott Street, Box 760 . . . . .                               | 274-9847         |
| HAILEYBURY—Court House, Box 218. . . . .                                       | 672-3501         |
| HAMILTON—Suite 525, 135 James Street East, Box 870 . . . . .                   | 528-9884         |
| HEARST—60 Ninth Street . . . . .   | 362-4238         |
| KAPUSKASING—Box 44 (open Monday and Friday) . . . . .                          | 335-3842         |
| KEEWATIN—104 Government Road, Box 429 . . . . .                                | 547-2801         |
| KINGSTON—797 Princess Street, Box 970 . . . . .                                | 544-6206         |
| KIRKLAND LAKE—44 Prospect Avenue, Box 398 . . . . .                            | 567-3391         |
| LEAMINGTON—38 Erie Street North, Box 127 . . . . .                             | 326-2511         |
| LINDSAY—Ontario Government Building . . . . .                                  | 324-6121 Ext. 51 |
| LONDON—764 Dundas Street East . . . . .  | 438-5111         |
| MOOSONEE—First Street, Box 160 . . . . .                                       | 336-2905         |
| NORTH BAY—Suite 408, 222 McIntyre Street West, Box 327 . . . . .               | 474-3540         |
| OAKVILLE—345 Lakeshore Boulevard East . . . . .                                | 844-1221         |

|   |                   |
|---|-------------------|
| OSHAWA—200 John Street West . . . . .                               | 576-9001          |
| OTTAWA—2197 East Riverside Drive, Pebb Building . . . . .           | 737-5520          |
| OWEN SOUND—347 Ninth Street East, Box 183 . . . . .                 | 376-1951          |
| PARRY SOUND—8A Seguin Street, Box 305 . . . . .                     | 746-2717          |
| PEMBROKE—207 Renfrew Street . . . . .                               | 732-2631          |
| PERTH—Sunset Boulevard, P.O. Box 111 . . . . .                      | 267-2504          |
| PETERBOROUGH—139 George Street North . . . . .                      | 742-9292          |
| RED LAKE—Ontario Government Building, Box 827 . . . . .             | 727-2174          |
| RENFREW—315 Raglan Street South . . . . .                           | 432-4809          |
| ST. CATHARINES—15 Church Street, Box 176 . . . . .                  | 685-8423          |
| ST. THOMAS—Suite 2, 300 Talbot Street . . . . .                     | 631-3032          |
| SARNIA—177 Russell Street North . . . . .                           | 344-2405          |
| SAULT STE. MARIE—123 March Street, P.O. Box 68 . . . . .            | 256-5666          |
| SHELBURNE—115 Owen Sound Street, Box 580 . . . . .                  | 925-3319          |
| SIMCOE—Norfolk County Building, Box 601 . . . . .                   | 426-9350          |
| SIOUX LOOKOUT—110 Front Street, Box 338 . . . . .                   | 737-3813          |
| SOUTH RIVER—266 Ottawa Avenue, Box 161 . . . . .                    | 386-2571          |
| STRATFORD—380 Hibernia Street . . . . .                             | 271-1530          |
| STURGEON FALLS—Drawer 160, 53 Williams Street . . . . .             | 753-1611          |
| SUDBURY—127 Cedar Street, Drawer 1120 . . . . .                     | 674-3151 Ext. 271 |
| THUNDER BAY—1111 Victoria Avenue . . . . .                          | 622-3934          |
| TIMMINS—96 Balsam Street South, Box 1306 . . . . .                  | 264-9407          |
| TORONTO—110 Eglinton Avenue West . . . . .                          | 487-4392          |
| WATERLOO—75 King Street South, 5th Floor, Waterloo Square . . . . . | 579-3130          |
| WINDSOR—374 Ouellette Avenue . . . . .                              | 254-9231          |
| WINGHAM—Box 510, 199 Josephine Street . . . . .                     | 357-3370          |





5

## RESIDENCE

SHOW APPLICANTS RESIDENCE IN CANADA (A) IMMEDIATELY PRIOR TO APPLICATION

(B) TOTAL RESIDENCE PRIOR TO APPLICATION

YEARS MONTHS

ADDRESS IN AUGUST 1940: \_\_\_\_\_

IF BORN OUTSIDE CANADA, STATE DATE OF ARRIVAL IN CANADA: \_\_\_\_\_

6

## ASSETS

A. (I) CHECK FOR EACH ITEM HELD BY APPLICANT, SPOUSE OR DEPENDENT CHILDREN AT THE TIME OF APPLICATION.

| TYPE                    | DESCRIPTION | A | S | C | AMOUNT | TYPE                     | DESCRIPTION | A | S | C | AMOUNT |
|-------------------------|-------------|---|---|---|--------|--------------------------|-------------|---|---|---|--------|
| 1. CASH ON HAND         |             |   |   |   |        | 8. LOANS, NOTES          |             |   |   |   |        |
| 2. BANK ACCOUNTS        |             |   |   |   |        | 9. ACCOUNTS COLLECTABLE  |             |   |   |   |        |
| 3. POSTAL SAVINGS       |             |   |   |   |        | 10. OFFICIAL GUARDIAN    |             |   |   |   |        |
| 4. CREDIT UNIONS        |             |   |   |   |        | OR PUBLIC TRUSTEE        |             |   |   |   |        |
| 5. SAFETY DEPOSIT BOX   |             |   |   |   |        | (MONEY IN TRUST)         |             |   |   |   |        |
| 6. BONDS, STOCK, SHARES |             |   |   |   |        | 11. AUTOMOBILE OR TRUCK  |             |   |   |   |        |
| AND OTHER SECURITIES    |             |   |   |   |        | 12. INTEREST IN BUSINESS |             |   |   |   |        |
| 7. MORTGAGE RECEIVABLE  |             |   |   |   |        | 13. OTHER                |             |   |   |   |        |

(II) ARE ANY FUTURE ASSETS EXPECTED? (SUCH AS UNADJUSTED CLAIMS, INSURANCE, AN INHERITANCE, OR LAWSUIT PENDING) YES ☐ NO ☐ IF YES, DESCRIBE FULLY IN NARRATIVE.

| B. | REAL PROPERTY | OWNED BY:<br>APPLICANT (A)<br>SPOUSE (S)<br>CHILD (C) | OWNER OCCUPIED<br>RENTED<br>VACANT | PURCHASE<br>DATE | APPROXIMATE<br>MARKET<br>VALUE |
|----|---------------|---|------------------------------------|------------------|--------------------------------|
| 1. | DESCRIPTION   |   |                                    |                  |                                |
| 2. |               |   |                                    |                  |                                |
| 3. |               |   |                                    |                  |                                |

DETAILS OF MORTGAGES OR OTHER ENCUMBRANCES ON ABOVE PROPERTY:

## C. ESTATE OF DECEASED SPOUSE

(I) WAS THERE ANY ESTATE? YES ☐ NO ☐(II) WAS THERE A WILL? YES ☐ NO ☐(III) WERE THERE LETTERS OF PROBATE OR LETTERS OF ADMINISTRATION CALLED FOR?  
YES ☐ NO ☐

(IV) PARTICULARS:

D. TRANSFER OF PROPERTY -- REAL OR PERSONAL -- BY APPLICANT, SPOUSE OR DEPENDENT CHILDREN  
HAVE ANY ASSETS BEEN TRANSFERRED WITHIN PREVIOUS THREE YEARS - BY GIFT, SALE, QUITCLAIM OR  
FORECLOSURE? YES ☐ NO ☐ IF YES, GIVE PARTICULARS IN NARRATIVE.

## E. DEBTS

| NAME OF CREDITOR | DETAILS | VERIFIED | AMOUNT |
|------------------|---------|----------|--------|
|                  |         | YES NO   |        |
|                  |         |          |        |
|                  |         |          |        |

7

## DISABILITY

DOES THE APPLICANT CONSIDER HIMSELF OR SPOUSE TO BE BLIND, DISABLED, OR PERMANENTLY UNEMPLOYABLE?

YES ☐ NO ☐ (IF YES, PLEASE ARRANGE FOR COMPLETION OF FORM 4 OR FORM 5, AS APPLICABLE)

8

## TRUSTEE

IS APPLICANT CAPABLE OF HANDLING ALLOWANCE? YES ☐ NO ☐

IF NO, PROVIDE DETAILS AND RECOMMENDATIONS

9

IS APPLICANT OR SPOUSE PAYING PREMIUMS FOR: O.H.S.C. ☐ O.H.S.I.P. ☐DOES APPLICANT OR SPOUSE WISH TO CONTINUE SEMI-PRIVATE COVERAGE: YES ☐ NO ☐

APPLICANT: OHSIP NO. \_\_\_\_\_ OHSC NO. \_\_\_\_\_ SOCIAL INS. NO. \_\_\_\_\_

SPOUSE: OHSIP NO. \_\_\_\_\_ OHSC NO. \_\_\_\_\_ SOCIAL INS. NO. \_\_\_\_\_



**PART III - TO BE COMPLETED WHERE APPLICANT HAS A FOSTER CHILD**

12

**A - PARTICULARS OF NATURAL PARENTS**

|        |      |             |                        |                |                       |
|--------|------|-------------|------------------------|----------------|-----------------------|
| 1.     | NAME | MAIDEN NAME | ADDRESS, IF APPLICABLE | MARITAL STATUS | DETAILS OF EMPLOYMENT |
| MOTHER |      |             |                        |                |                       |
| FATHER |      |             |                        |                |                       |

**B - PARTICULARS OF FOSTER-MOTHER**2. MARITAL STATUS ☐ SINGLE ☐ MARRIED ☐ WIDOWED ☐ DIVORCED ☐ SEPARATED ☐ DESERTED

3. DATE FOSTER MOTHER ARRIVED IN CANADA \_\_\_\_\_

|  |  |   |
|--|--|---|
| 4. DATE CHILDREN TAKEN INTO CARE OF FOSTER-MOTHER:   | RELATIONSHIP OF FOSTER-MOTHER TO CHILDREN:               | AGE OF FOSTER-MOTHER _____<br>AGE OF HUSBAND _____  |
| IS FOSTER-MOTHER LIVING IN CHILDREN'S HOME?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>                  | IF "NO", DESCRIBE ACCOMMODATION:                         | NO. ROOMS   |
| IS FOSTER-MOTHER EMPLOYED?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>                                   | IF "YES", GIVE<br>HOURS WORK _____ A.M.<br>TO _____ P.M. | IF "YES", WHO CARES FOR<br>CHILDREN IN HER ABSENCE? |
| HAS PREVIOUS APPLICATION BEEN<br>MADE ON BEHALF OF CHILDREN?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> | IF "YES", BY WHOM?                                       | DATE  |

DO THESE CHILDREN HAVE ANY BROTHERS OR SISTERS UNDER 18? YES ☐ NO ☐

IF "YES", LIST NAMES AND ADDRESS \_\_\_\_\_

**PART IV**

13

I, \_\_\_\_\_ DO CERTIFY THAT :

(FULL NAME)

1. I AM THE APPLICANT NAMED IN THE FOREGOING APPLICATION FOR AN ALLOWANCE (OR THE PERSON MAKING APPLICATION ON BEHALF OF THE APPLICANT).
2. ALL THE STATEMENTS IN THE FOREGOING APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND NO INFORMATION REQUIRED TO BE GIVEN HAS BEEN CONCEALED OR OMITTED.

\_\_\_\_\_  
SIGNATURE OF APPLICANT OR AGENT

14

I CERTIFY THAT I HAVE VISITED THE APPLICANT AND COMPLETED THE APPLICATION IN HIS PRESENCE, THAT THE BENEFITS AND THE APPLICATION FORM HAVE BEEN EXPLAINED TO THE APPLICANT AND THAT I HAVE WITNESSED THE SIGNING OF THIS FORM BY THE APPLICANT OR HIS AGENT.

DATE \_\_\_\_\_ FIELD WORKER'S SIGNATURE \_\_\_\_\_ REGIONAL OFFICE NO. \_\_\_\_\_

15

SPACE FOR FIELD WORKER TO PROVIDE DETAILS:

16

THE FOLLOWING FORMS, DOCUMENTS AND CERTIFICATES ARE ATTACHED:

\_\_\_\_\_  
TO FOLLOW





DEPARTMENT OF  
SOCIAL AND FAMILY SERVICES

FORM 3

The Family Benefits Act, 1966

CONSENT TO INSPECT ASSETS

I, \_\_\_\_\_, an applicant for

a benefit under The Family Benefits Act, 1966,

and I, \_\_\_\_\_, spouse of the applicant, consent  
(complete only where applicable)

that:

1. The Director or his representative authorized under the Act inspect and have access to any account or safety deposit box held by me alone or jointly, in any bank, trust company or other financial institution or to any assets held by me or on my behalf by any person, or any records relating to any of them.
2. The Director or his representative authorized under the Act secure information in respect of any life or accident insurance policy on my late spouse.

\_\_\_\_\_  
(complete only where applicable)

Dated at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_

Witness: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Dated at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_

Witness: \_\_\_\_\_ Signature of Spouse  
where applicable: \_\_\_\_\_

Address if different: \_\_\_\_\_



Ministry of Community and  
Social Services

MEDICAL REPORT  
IN RESPECT OF IMPAIRMENT

FORM 4

☐ General Welfare Assistance; ☐ Homemakers & Nurses Services; ☐ Family Benefits.

NOTE - KINDLY COMPLETE BOTH SIDES OF THIS FORM

|                              |  |                             |
|------------------------------|--|-----------------------------|
| NAME OF PERSON<br>EXAMINED - | SEX<br>M <input type="checkbox"/> ; F <input type="checkbox"/> | DATE OF BIRTH<br>D. /M. /Y. |
| ADDRESS                      |  |                             |

1. a) COMPLAINTS AND HISTORY OF PRESENT IMPAIRMENT

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b) DATE IMPAIRMENT COMMENCED: \_\_\_\_\_

2. EXAMINATION: (i) Mental Alertness \_\_\_\_\_ (iv) Pulse \_\_\_\_\_  
(ii) Height \_\_\_\_\_ (v) Blood Pressure \_\_\_\_\_  
(iii) Weight \_\_\_\_\_ (vi) Other Findings \_\_\_\_\_

Urinalysis: \_\_\_\_\_

3. DIAGNOSIS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. PROGNOSIS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. PRESENT TREATMENT: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. LIMITATIONS IMPOSED BY THE IMPAIRMENT: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

7. WITH OR WITHOUT TREATMENT WOULD YOU EXPECT SUFFICIENT RECOVERY TO TAKE PLACE IN THE MENTAL  
OR PHYSICAL CONDITION OF THIS PERSON AT ANY TIME IN THE FUTURE TO RENDER THIS PERSON  
EMPLOYABLE? YES ☐ ; NO ☐

8. DOES PERSON REQUIRE NURSING HOME CARE? YES ☐ NO ☐

IF 'YES', PROBABLE LENGTH OF TIME \_\_\_\_\_

9. DOES PERSON REQUIRE THE SERVICES OF A REGISTERED NURSE? YES ☐ NO ☐

a) IF 'YES', - VISITS RECOMMENDED: ☐ DAILY; NUMBER PER WEEK \_\_\_\_\_

NUMBER PER MONTH \_\_\_\_\_

b) VISITS REQUIRED FOR A PERIOD OF \_\_\_\_\_ DAYS; \_\_\_\_\_ WEEKS; \_\_\_\_\_ MONTHS.

10. DOES PERSON REQUIRE THE USE OF A WHEELCHAIR? YES ☐ NO ☐

11. RECOMMENDATIONS REGARDING SPECIAL DIETS: \_\_\_\_\_

12. OTHER RECOMMENDATIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In your opinion would you consider this person to be:

- 1) Medically employable ..... ☐
- 2) Temporarily unemployable for medical reasons  
but likely able to resume employment after:
  - less than six months ..... ☐
  - six months ..... ☐
  - one year ..... ☐
  - two years ..... ☐
- 3) Permanently unemployable for medical reasons  
and unlikely to be able to commence  
remunerative employment ..... ☐
- 4) Disabled to the extent that the person is  
severely limited in the activities pertaining  
to normal living such as self-care, communication,  
or motor activities, and this disability is  
likely to continue for a prolonged period of time ..... ☐

| CERTIFICATE OF DOCTOR  |      |
|--|------|
| PLEASE PRINT   |      |
| <p>I, _____ am a legally qualified medical practitioner and have examined<br/>the above-named person at _____ on _____ (DATE)</p> <p>and this report contains my findings and considered opinion at that time.</p> |      |
| SIGNATURE  | DATE |
| ADDRESS  |      |



## FORM 5

## The Family Benefits Act, 1966

## MEDICAL REPORT IN RESPECT OF BLINDNESS

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_  
Surname Christian Names

ADDRESS \_\_\_\_\_ PROVINCE \_\_\_\_\_

1. History (a) age at onset of loss of sight. R. eye \_\_\_\_\_ L. eye \_\_\_\_\_  
(b) any other disability \_\_\_\_\_2. Visual acuity without glasses with glasses (b) Field of vision  
right left  
(a) Right eye \_\_\_\_\_ full \_\_\_\_\_  
contracted \_\_\_\_\_  
Left eye \_\_\_\_\_ diameter less than 20° \_\_\_\_\_  
central scotoma \_\_\_\_\_  
Both eyes \_\_\_\_\_ other \_\_\_\_\_

Note:- No vision (after correction) in excess of 20/200 or 6/60 Snellen admits to eligibility for allowance unless the diameter of the visual field is less than 20 degrees.

2a. Visual field. The diameter of the visual field determined by use of, (indicate which)

- ☐
- a tangent screen at a distance of one meter using a 10 millimeter white test object; or
- ☐
- a perimeter at a distance of one meter using a three millimeter white test object.

Note:- No disability except the amount of vision may be considered for entitlement to an allowance.

3. Describe abnormalities of: Lids, conjunctiva, globe, cornea, iris, ciliary body, lens, vitreous, retina, choroid, optic nerve, brain tumor, congenital, etc.

4. Diagnosis: main \_\_\_\_\_ other \_\_\_\_\_  
Right eye \_\_\_\_\_  
Left eye \_\_\_\_\_

5. Former treatment \_\_\_\_\_

6. Treatment needed \_\_\_\_\_

7. When should re-examination be done? \_\_\_\_\_

8. DO PATHOLOGICAL CHANGES SUBSTANTIATE  
VISUAL LOSS CLAIMED? \_\_\_\_\_

9. Additional comment by examiner: \_\_\_\_\_

Do not write in this space

10. Indicate below, (1) Amount of refractive error as in high myopia, etc.  
or (2) Insert prescription for glasses when necessary.

|          | Sphere | Cyl | Axis | P.D. |                          | Bridge         | Temple |
|----------|--------|-----|------|------|--------------------------|----------------|--------|
| Distance | R.     |     |      | Far  | ADD R.<br>for<br>NEAR L. |                |        |
|          | L.     |     |      | Near |                          | Size and Shape |        |

Examined at \_\_\_\_\_ Signature of Ophthalmologist \_\_\_\_\_

Date \_\_\_\_\_ Address \_\_\_\_\_



## NOTICE OF REQUEST FOR HEARING AND REVIEW

Form 6

Name \_\_\_\_\_

File No.

Address \_\_\_\_\_

Number

Street or Rural Route

City

Town

Village or P.O.

(Township)

(County)

TO: The Chairman, Board of Review

Request for Hearing and Review by the Board of Review in respect of:

- ☐ Refusal to grant an allowance
- ☐ Cancellation of an allowance
- ☐ Suspension of an allowance
- ☐ Reduction of an allowance

I hereby request a hearing and review on the following grounds (please indicate whether a Provincial or Municipal decision).

This image shows a single sheet of white paper with horizontal blue or grey ruling lines, typical of notebook paper. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Date \_\_\_\_\_

Signature \_\_\_\_\_

**IMPORTANT:** This Form to be Completed and Mailed to:

The Chairman,  
The Board of Review,  
Department of Social and Family Services  
Room M157  
Parliament Buildings,  
Toronto, Ontario.

An addressed envelope is enclosed for your convenience.







3 1761 11470836 5



Family Benefits No. \_\_\_\_\_

Social Insurance No. \_\_\_\_\_

Field worker \_\_\_\_\_

Office day \_\_\_\_\_

Telephone No. \_\_\_\_\_